

**APPLICATION FOR APPROVAL OF NEW SECONDARY CAREER AND  
TECHNICAL EDUCATION PROGRAMS  
FOR SCHOOL YEAR 20\_\_\_\_ - 20\_\_\_\_**

**School District Name:** \_\_\_\_\_ **Career Cluster:** \_\_\_\_\_  
**Career and Technical Education Program** \_\_\_\_\_ **Date:** \_\_\_\_\_

<u>Course Titles</u>		<u>Type of Course</u>		<u>Teacher or Instructor</u>		<u>Grade Level</u>		<u># of Credits</u>
<b>In Career Cluster</b>		<b>Foundational CTE, Cluster Specific, Pathway Specific, and/or Academic</b>						

Name and position of person submitting application \_\_\_\_\_

Name and certification of instructor who will be responsible for implementing this program:

1. Name \_\_\_\_\_

2. Instructor has certification in the Career and Technical Education area  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, expiration date of teacher's certificate \_\_\_\_\_

Is the teacher endorsed or certified in the program area? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, is there a professional development plan (PDP) on file with the Office of Career and Technical Education? Yes \_\_\_\_\_ No \_\_\_\_\_

Teacher contract date: From \_\_\_\_\_ to \_\_\_\_\_

3. List other areas of career and technical (vocational) endorsement(s):

4. Social Security Number \_\_\_\_\_

5. E-mail Address \_\_\_\_\_

If there are additional teachers in the program, please fill out this page for each teacher.

Please respond to the following statements:

- A. Identification and description of program:
  - B. What courses will be taught in this program? How many Carnegie units will be offered?
  - C. List which academic areas will be integrated into the program:
2. Objectives and purpose of the program:
3. Will a Career and Technical Student Organization (CTSO) be incorporated into this new program? If so, which CTSSO will be organized?
4. Population to be served by the program:
5. Projected budget of the program:  
  

Total Salary (Including employee benefits)	\$ _____
Travel	\$ _____
Instructional Materials/Supplies	\$ _____
Equipment	\$ _____
Other_____	\$ _____
(Specify)	
TOTAL	\$ _____
6. Program Standards/Competencies to be taught:  
(Use additional sheets as necessary)

***Applications are due NO LATER than March 1<sup>st</sup>, 2007, for implementation fall of 2007.***

\_\_\_\_\_  
Lead Teacher's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

Date \_\_\_\_\_

\_\_\_\_\_  
School District

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

Mail application to:

Office of Career and Technical Education  
Attn: Gloria Smith-Rockhold  
700 Governor's Drive  
Pierre, SD 57501-2291

For State use only

\_\_\_\_\_  
State Director of Office of Career and Technical Education Signature

\_\_\_\_\_  
Date Received